

## PART B - FEE(S) TRANSMITTAL



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7590

06/12/2007

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201 South Biscayne Boulevard  
Suite 2200  
Miami, FL 33131

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<b>Jacqueline I. Andreu</b>	(Depositor's name)
<i>Jacqueline I. Andreu</i>	(Signature)
7/6/07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/723,031	11/26/2003	Eric S. Bornstein	BORNE40587	8863

TITLE OF INVENTION: LASER AUGMENTED PERIODONTAL SCALING INSTRUMENTS

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	09/12/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
BUMGARNER, MELBA N	3732	433-143000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list **McDermott Will & Emery LLP**  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. 07/09/2007 HDNESS2 00000037 501133 10723031

(A) NAME OF ASSIGNEE

**NOMIR MEDICAL TECHNOLOGIES, INC.**

(B) RESIDENCE (CITY and STATE OR COUNTRY)

**NATICK, MA**

01 FC:2501

700.00 DA

02 FC:1504

300.00 DA

03 FC:8001

15.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*G. Matthew McCloskey*

Date

7/6/07

Typed or printed name

**G. Matthew McCloskey**

Registration No.

47,025

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